

# The Times and Register.

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WHOLE No. 810.

## Original.

### INCISIONS IN LABOR.

Dr. Wm. H. Taylor read a translation from *Archive fuer Gynaekologie*, Bd. 44, on the value of deep cervical and perineal incisions in labor, at the Cincinnati Obstetrical Society meeting in February 1894.

Alfred Dudressen, of the University of Berlin, has published several articles since 1890, advocating the use of incisions in certain cases of protracted labor, where there is defective dilatation of the os, and the vagina is narrow and rigid. Four incisions are made under exact antiseptic precautions from the os uteri to the vaginal junction. The forceps are generally used, but occasionally delivery may be accomplished by version and extraction by the feet. External pressure is used to press the head into the pelvis.

This operation is not to be adopted where neither the life of the mother nor child is in danger. The incisions are made by seizing the tissue of the cervix between the index and middle fingers of the left hand and cutting with Siebold's scissors.

Four incisions are necessary. The first incision should be directed backward, the next two to the sides and the last forward. If the posterior incision be made first, better results in healing are likely to be obtained. He lays stress upon the external pressure of the child's head into the pelvic brim.

This operation is particularly recommended where speedy delivery is demanded as in Eclampsia. By means of deep incisions the life of both mother and child may be saved by early delivery, otherwise in half the cases the child perishes from defective oxygenation of the blood, or from protracted narcosis of the mother.

### FLAT-FOOT, AND ITS TREATMENT BY STEEL-SPRING IN-STEP ARCH; WITH CASES.\*

BY THOMAS G. MORTON, M. D.

Mr. C. S., of Richmond, Va., has suffered from various accidental injuries of the right leg and foot; the first was about fifteen years ago, which was a sprain of the knee from a fall in dancing; after which for many years he suffered considerable lameness; subsequently he twisted or sprained the ankle, and on several occasions this was repeated.

A year ago he again injured the ankle, a probable sprain, and until July following was hardly able to walk, always requiring some sort of support; at that time he had a steel sole placed in the shoe, from which he had little if any relief; he then began to have spinal pain and a distressing aching in the neck and back of his head; could not go about except with the aid of a cane, suffered from exhaustion, became insomniac, lost appetite and weight.

On examination, early in January, 1894, I found a weak ankle and extreme talipes valgus. In addition there was a symmetry of lower extremities; the right or weak limb was three-quarters of an inch shorter than the other, and calf measurement showed the right half an inch less in circumference.

A lateral support was applied to the limb to support the weak ankle, and in the shoe, a Gefvert steel-spring arch; the short limb was made equal to the left by adding sufficient to the heel of the right shoe.

Mr. S. reports: "I can hardly realize that, after so many years of suffering, and in so short a time, I would be able to walk again without pain. I find the

\*Read at the Philadelphia Academy of Surgery.

steel spring comfortable, and I find no inconvenience in having it in my shoe; my back and head have been relieved, I presume, by the high heel."

Either in uterine or early child life the patient had a slight one-sided paralysis, which, although arrested early, was sufficient to interfere for a time with the growth of the extremity, and this accounts for not only the ankle weakness but the variation in the length and size of the right as compared with the left limb.

Valgus—indeed, all the varied forms congenital talipes arise in the same way. Spinal and head pain is frequently associated with and caused by a short limb; the constant shocks the spinal cord and brain are subjected to in certain individuals are quite sufficient to bring about, in nervous temperaments, perhaps with impairment of general health, just such a condition.

The weak ankle has in this case been marvelously improved, even in a comparatively short time, by the steel arch.

The spring arch is fastened in the shoe directly under the tarsal arch; it is made of two elliptical pieces of steel which are three and a half inches long and two inches wide; one plate is flat, the other is arched on its inner side, which is intended to support the tarsal arch; the plates are joined together at their outer edge by a stout hinge, and the upper or arched plate on its inner side comes in contact with a lump of rubber which, when pressure is made from above, yields and gives the spring to the foot.

### TRIONAL.

BY DOCTOR BEYER.

(Reprinted from the *Archiv. fur. Psychiatrie*, Bd. XXV. Bft. 20.).

Among the new hypnotics, Trional, since its first therapeutic employment by Barth and Rumpel in the Hamburg Hospital and by Schultze in the Psychiatric Clinic at Bonn, has constantly gained ground in the estimation of physicians, all of whom praise its hypnotic properties, although as yet undecided in regard to the more special questions as to its application. Supported by the numerous observations made for a long time at the Psychiatric Clinic at Strassbourg, including personal observations in sixty cases in the female division, it is now possible to sift the material collected up to this time in eight publications, so as to determine the special and general indications for the use of Trional.

When administered in sufficient dose Trional almost always produces a feeling of sleepiness which soon results in quiet, dreamless and refreshing sleep. The full effect usually manifests itself in the course of half an hour. It is prevented by bodily pains, noises in the neighborhood, and even light—the same conditions which are also apt to interfere with normal sleep; patients who have already fallen asleep are easily aroused by noises in the vicinity. Horvath attributes his bad results to the crowded state of his hospital wards at Budapest. The duration of the sleep seems to depend, to a certain extent, upon the size of the dose; at any rate, it was found that, while smaller doses act rapidly and effectively, the effect persists for only a few hours. After waking the patients feel refreshed, although the disease from which they suffer is not influenced by the hypnotic. If the dose is accurately estimated no after effects appear. The isolated observations of some authors, that a single evening dose exerts an influence on the second night, could not be confirmed in our cases of mental disease. On the contrary, our experience like that of others has taught us that discontinuance of the remedy, whether intentional or in consequence of refusal of the patient to take it or its secret replacement by some indifferent powder, or frequently diminution of the dose, had an unfavorable effect upon the sleep. A slight cumulative action, such as has been noted among others by Raimondi and Mariotini seems, however, to exist. Frequently the first dose prescribed fails to act, while if repeated in increased quantity on the following evening it exerts its full effect, and during the continued use of the remedy it was often possible to reduce the dose provided that there was no change in the symptoms. We can, therefore, coincide with Brie's suggestion to begin with a dose somewhat more than the medium size, and then soon to diminish it.

Habituation to the remedy has not been observed thus far, and we found ourselves necessitated to increase the dose only under certain circumstances, especially excitement, as for instance at the time of the menses. Its withdrawal after protracted use has never had any other consequences than return of the nocturnal restlessness, if the patients did not regain normal sleep by reason of the occurrence of recovery.

Various authors have attempted to employ Trional as a sedative remedy during the day, but the results have not been brilliant. Schultze obtained a moderately satisfactory result only when instead of several small doses administered morning and evening he gave 2 grammes, and Schaefer likewise failed to accomplish anything with 0.5 grammes, given four times daily. Boettiger alone obtained good effects from this method, and demands further experiments with fractional doses. In view of what we have observed, although but in a few cases, we would admonish against this method of administration. Trional is a

hypnotic and not a sedative. Small doses are ineffective, larger ones induce sleep, or a desire for sleep, which is counteracted by daylight, unquiet surroundings, etc., so that a very disagreeable condition results. As far as we can see, the good results in this direction have been obtained only in the case of paralytic or demented subjects who are oblivious to such disturbing influences.

As a sedative we, therefore, always prefer opium, and have found that its use in conjunction with that of Trional affords excellent results, if opium is given thrice daily and Trional in the evening. In cases where bodily pains interfered with sleep we observed similar success by combination with morphine, which alone would have had a sedative, but not a hypnotic effect. When, however, the pains have been controlled by morphine and then Trional was administered, a restful sleep ensued.

As regards disagreeable or injurious after-effects, we have not noted these after prolonged use, but after employment of large doses and more frequently than most other authors. If a patient after walking does not feel refreshed, but complains of drowsiness, a tired feeling or the eyes, etc., this serves as the first warning to us that the quantity of Trional prescribed is too large.

Furthermore, we observed, in several instances, marked drowsiness and very noticeable vertigo and staggering, similar to cerebral ataxia—symptoms which have been described by several authors. Actual symptoms of poisoning, such as severe malaise, cyanosis, vomiting, gastric disturbances were seen by us in only two cases in which Trional was administered in several doses during the day, although the total daily dose did not exceed the customary limits. In two other cases slight after-effects occurred while the drug was being administered in this manner, so that we are therefore inclined to assume that disturbances manifest themselves more readily after several fractional doses than after a single large dose. As a matter of fact, all the symptoms disappeared within a few hours after discontinuing the remedy, and failed to return later if its administration was continued in the proper dose.

One of the main points in the administration of Trional is the dosage. This explains in many cases the numerous contradictions in the different reports with reference to the inefficacy of the remedy on the one hand, and the unusual occurrence of after-effects on the other. Above all, we would emphasize the radical difference between males and females, which has nowhere been mentioned hitherto. If in one case the administration of even 1 gramme is followed by malaise and a staggering gait, while in another 3 grammes scarcely suffices to produce sleep, this circumstance is easily explained if we have to deal in the former case with a young woman, or in the other with a vigorous man. On an average male patients require at least 0.5, and at the most 1

gramme more than females. A second important element in the dosage is the constitution and bodily weight of the patient. After administration of as small quantity as 0.5 to a Kyphotic girl, whose weight was 20 kilo, we noted well marked vertigo.

A third point is the nature of the insomnia or psychosis. Aside from these factors a number of conditions must be considered which exert some influence if present for a time, even for a number of hours; these are psychical excitement, hallucinations, menstruation, and the ingestion of food. For example at a time of violent excitement a patient will require a large dose, 2 to 3 grammes to obtain the full effect, when at rest the same dose will produce disagreeable after-effects. Besides this, the effective dose gives comparatively little latitude, and quiet closely approaches the dangerous limit.

For all these reasons we cannot agree with previous observers who let the dose range from 0.5-3 grammes, fixing the latter as the upper limit. It must again be emphasized that Trional demands a dosage accurately regulated according to the sex, constitution, bodily weight, the nature of the disease, and the presence of temporary symptoms, the dose being subject to daily revision if possible. It is frequently advisable to determine the quantity to be used in the evening just before its administration, which is perfectly feasible on account of the rapidity of the effect, and preferable to giving a second dose later in the night. A well-estimated single dose in the evening assures almost without exception a good effect.

It remains to consider the main indications governing the employment of Trional. Its action is almost absolutely certain in simple insomnia and also in cases of neurasthenia, the initial dose for males being 1 to 1.5 gramme, for females 1 gramme and later reduced to 0.5 gramme. Similar brilliant results may be obtained in simple melancholia from the same doses, especially in the above-mentioned combination with opium. Larger doses are required in mania, give equally good effects; three grammes may be administered to males, two grammes to females, the large doses during the attacks of especially marked excitement, the smaller during their subsidence, while during the period of convalescence they may be reduced to 0.5 gramme. Trional has a remarkably favorable action upon the hallucinations, both in the acute forms as well as in chronic paranoia. The patients, often to their own surprise, slept quietly and undisturbed, even after administration of medium doses ( $\frac{1}{2}$  gramme). In delirium tremens, if the dose is accurately estimated, the effect seems always to be developed. In the other psychosis we have not as yet obtained results which would warrant positive conclusions, and the numerous cases in the literature furnish no uniform data, especially since the above-mentioned points are not sufficiently noted in reporting the results. Further ob-

servation, which should not be as specific as possible, will be necessary to explain the still uncertain indications for the use of the remedy in paralysis, morphinism, etc.

This much is well established, that Trional, although devoid of useful sedative properties, may be warmly recommended as an excellent hypnotic; in small doses in simple and neurasthenic insomnia, in combinations with morphine in cases of bodily pains, in combination with opium in melancholia, in medium doses in cases of hallucinations, in larger ones in mania. The drug has no specific influence upon the psychosis. The effective dose varies, according to the individual and the symptoms, ranging from 0.5 to 4 grammes. It closely approaches the limit of dangerous effects, which sometimes manifest themselves after small doses down to one gramme, so that a generally applicable maximum dose cannot be designated. We are even less inclined to fix the maximum daily dose, since it is our custom to administer Trional only once pro die and then in the evening. Injurious after-effects can be easily avoided and rapidly and completely disappear as soon as the remedy is discontinued. Permanent ill results have not up to this time been observed.

#### TREATMENT OF DIARRHEA.

(Continued from last number.)

**B. Diarrheas produced by a toxic or infectious agent introduced or developed in the economy.**

Indigestion, with accompanying diarrhea, is to be cured by eliminating the toxins resulting from the indigestion by encouraging the passages by means of laxatives or purgatives of a saline character.

Acute intestinal catarrh with bilious symptoms requires both purgatives and emetics; most frequently the catarrhal condition is in the neighborhood of the junction of the ilium and cecum.

Here the best effects are obtained by the use of neutral salts, which soon change of character of the stools and curing the diarrhea by a process of mechanical antiseptics. Should this plan not cure the diarrhea, bismuth or chalk with vegetable astringents may succeed. In addition to these means, the diet must be regulated. Where the catarrhal process has become chronic, antiseptic purgatives, as calomel, are required, followed by intestinal antiseptics, of which the author considers bismuth, with opium and astringents, fully equal to any of the later antiseptic drugs, such as salicylate, benzoate, gallate of bismuth; salol, recorine, lactic acid, etc., etc.

In the administration of antiseptics we must note carefully the state of the organs, which may be affected by the drug. Thus those containing or forming by decomposition salicylic acid should not be used where the kidneys are unsound. The frequency of latent renal affections points the way to watchfulness.

Antiseptic drugs, however, will not fulfill all the indications, but must frequently be combined with astringents.

Diet is, however, as important as drugs in the treatment. The use of milk is the best, as it nourishes the patient, without doing harm to the intestines. A wine glass full of milk, boiled or sterilized, together with a tablespoonful of lime or vichy water, should be taken every 2 hours.

If milk is not well borne it may be replaced by albumen of eggs, prepared as follows: Take the whites of three eggs, beat well with a pint of boiled water, filter through muslin, and sweeten with syrup of orange. Rice water, toast water, etc., may also be used.

—Bull. Gen. de Therap. L. W. B.

#### ON SOME FATAL AFTER-EFFECTS OF CHLOROFORM ON CHILDREN.

BY LEONARD G. GUTHRIE, M. A., M. D.  
OXON., M. B. C. P. LOND.

As a rule, children pass from chloroform narcosis into a condition of deep natural sleep, which lasts for an hour or more unless disturbed by pain or vomiting. No attempt to rouse the patient should be made unless collapse is present or the breathing becomes stertorous and the face dusky. He should be put to bed with as little disturbance as possible. The bed should be previously warmed by hot-water bottles. The room should be kept quiet, dark and cool. The patient's head should be carefully watched for accidents—such as the entry of vomit, or falling back of the tongue into the glottis—are as likely to happen now as during the operation.

Vomiting, though usual, is not invariable. Some children, even after prolonged operations, vomit little or not at all, and as soon as awake they begin to clamor for food. Solid food should, of course, not be given until three or four hours have elapsed, but milk may be allowed in small quantities, and if at the end of this time they seem unlikely



to be sick some light, easily digestible solid food, such as sponge cake or milk pudding, may be provided. Vomiting, unless frequent, persistent and exhausting, after six or eight hours have elapsed

From 1889 to 1891—two years—this observer had seen ten deaths in children from 18 months to 9 years old, from the effects of chloroform, after operation. They had been operated on for club-foot, congenital hydrocele, rickety deformities of the limbs, excision of joints, lithotomy, ilias-abscess and hip disease.

The special characteristics of the lethal action of the drug were observed on the circulation. None of the little ones rallied well after operation; the pulse remaining weak, with a general, persistent torpor.

It cannot be said that on necropsy there was such definite, gross pathological lesions found as would account for need not be checked by drugs.

—Lancet, Jan. 27, 1894.

#### SPONTANEOUS FRACTURE OF BOTH PATELLAE.

BY DAVID BALDWIN JACOB, M. D.,  
F. R. C. S. I.

Surgeon to the Queen's County Infirmary.

P. M., æt. 32, states that four years previous to admission he suffered dislocation at the left patella, which was reduced and treated by a bone-setter; the dislocation recurred shortly after, with like treatment, and in a few weeks following the last he, in consequence of supposed slight muscular effort, spontaneously fractured the same patella transversely. He consulted the bone-setter, who told him he could give him no aid; he states that he had not professional advice, but desired to go to hospital, from which he was dissuaded, with the result of the permanent infirmity shown in the illustration.

Three months ago a slip provoked muscular effort enough to cause transverse fracture of the right patella four days previous to his admission to the Queen's County Infirmary, when he was found to have considerable effusion into the synovial membrane, and about two and a half inches separation of the fragments and some tenderness. The illustration is taken from a photograph produced three months after the accident. Apparently there is close and complete osseous

union with excellent relative position, but an only appreciable lateral displacement of the fragments by each other. The knee-joint continues somewhat stiff, but improves under treatment, and apparently there is every prospect of a very useful limb, especially needed in consequence of the permanent injury to the other.

The treatment adopted was the application, above and below the patella, of strips of rubber adhesive plaster, the fractured surfaces having been brought into proper position by an assistant. These straps were chiefly for protection under the following arrangement, a posterior splint having been attached in the ordinary way, a pair of wooden cylinders of 3-8 inch section (large cedar pencils) were placed transversely one above, one below the patella, and were fixed backwards at the proper pressure by unyielding ties to the splint; the cylinders were then caused to approximate each other by sufficient and regulated tension of elastic rubber bands placed between them at each side. Lastly, anteriorly, the fragments were fixed in the same plane by a padded disc of firm poroplastic felt secured by a bandage.

As already stated the union appears to be osseous and complete, and there is accordingly no reason to regret that the contemplated wire suturing was abandoned. A slight superficial slough resulted from perhaps undue pressure by one of the cylinders, but proved of no importance.

The treatment was little painful and possessed the advantage of minimizing obstruction of circulation. It is even doubtful that rendering the means of support concave, to fit the outline of the patella, would carry advantage, as comfort would perhaps be purchased at the expense of blood supply.

—Medical Press.

#### Notes.

Thirty-two nations will be officially represented at the International Medical Congress in Rome. Up to the present the officials have been advised of upward of 2000 communications to be presented to the Congress. All the fetes which usually take place in carnival times have been postponed to the period when the Congress will be sitting.

Dr. T. H. Manly, of the staff of the "Times and Register," has gone abroad to attend the International Congress at Rome.

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### SPONGES AND SPONGING.

Since the beginning of the antiseptic epoch, through the new propaganda of antiseptics, sponges have fallen into disfavor for wiping purposes in surgical operations.

It has been proved quite impossible to destroy all the germs within their meshes without at the same time spoiling the sponge.

It has been taught, too, that they possessed a great tenacity for infective elements; they should not be employed in more than one operation, when they should be cast aside.

They have been replaced by various textile materials, which are cheaper and always accessible.

But, notwithstanding the many theoretical and quasi-scientific grounds on which the sponge has been condemned, like with all things inherently valuable, time has indisputably demonstrated that no substance yet discovered can take the place of the sponge, and that the objections made against it are more imaginary than real.

Sponge tissue is a powerful hemostatic; it is a non-conductor of heat, and when properly treated, as Lister himself has lately demonstrated, it may be safely employed over and over again, without danger of conveying infective materials.

Indeed, when one has a good stock of clean, soft sponges conveniently at hand he commands one of the most essential parts of a well-stocked surgical armamentarium.

Two things only are essential to remember in connection with their use. First, that they are properly prepared before operation, and, secondly, that they are thoroughly cleansed and preserved afterwards.

### JOINT NEUROPATHIES AND TRAUMATIC ARTHROSES.

There is one thing which may be said in connection with modern studies on the subject of special pathology which cannot be gainsaid, viz: That whether or not they have in any manner shed any light on the more intelligent or successful treatment of spinal maladies they have added an almost endless amount of confusion to their symptomatology.

"Old wine has been put into new bottles," and those who have a facility of coining new words have given us an almost endless farrago of terms, about as complex and indefinite as they are useless and meaningless.

Syringo myelia—a flute within the cord—is a fair example. Charcot, in the Salpêtrière, in the midst of his hosts of hysterics, epileptics and lunatics, first introduced it, but lately this imaginary condition has been made to do duty in traumatism, and the ground has been taken that we may have an insidious type of trophic changes in the arthritic structures of a joint which antedate injury, and thus, in many cases of a medico-legal character, in which a joint has suffered from a traumatism, the ground might be taken that the injury was little more than a coincidence, and was in itself in no way blamable for the morbid condition resulting.

The same may be said of tabes, that it is a disease which is manifestly degenerative; atrophic wasting of the structures beyond the seat of lesion in the cord is not disputed, but that it spends its energy on the cords or bones alone is erroneous. Nor is it a disease which is expressed on the periphery without incurable, definite organic changes and constitutional symptoms.

## THE REMOVAL OF GUNPOWDER STAINS.

Under a similar title in the New York Medical Journal of March 3, 1894, Dr. W. M. Nelson describes a new method of Dr. Ohmann-Dumesnil's for removing the tattooing produced by explosions of gunpowder.

The process consists of tattooing the affected surface with a glycerole of papoid, and was first described by Dr. Ohmann-Dumesnil in May 1893, but was not applied to gunpowder stains. The case cited by the author was one in which the papoid was applied soon after the injury was received; and it would be interesting to know if the same process would apply to cases in which the pigmentation had been of long standing. This, the author seems confident, would yield as readily to the treatment. He states, in conclusion, that "the treatment is an empirical one, and I cannot explain or describe what takes place after the introduction of the papoid.

"Dr. Ohmann-Dumesnil's statement that the papoid is disseminated about the deposit of pigment and liberates it (this liberation, I suppose, is brought about by the digestion of the albuminous envelopes of the carbon particles), that a portion in a finely divided state is absorbed by the lymphatics, and the rest finds its way to the upper layers of the skin, thence to the surface, is a plausible but not altogether satisfactory one."

## Book Notes.

### DER BAU DES MENSCHEN ALS ZEUGNISS FÜR SEINE VERGANGENHEIT.

By F. Weidersheim. Freiburg: Paul Siebeck, publisher, 1893. 200 pp. 8vo. Paper cover, 5 Marks, and cloth, 6.

This standard work has quickly run into a second edition. But nevertheless the professor has remodeled and greatly enlarged it. It is copiously illustrated with over 100 cuts in the text; is provided with a chart of the "Urogenitaleorgane der Vertebraten;" with those necessary accompaniments of a scientifically arranged work, such as a complete index, lists of organs, etc.; among which we notice a list of some organs which indicate reversion to very far distant vertebrata, two collocations of organs classified, the one according to their

physiological conditions, the other according to "den einzelnen Organsystemen," and with "eines Verzeichniss bezw. einer Erklärung der im Text figurirenden Theinamen dürfte auch Nichtfachleuten ein Verständniss ermöglicht sein."

We have thoroughly perused "Der Bau des Menschen," but space fails us here to enter into its merits. It suffices to say that it is of the advanced "Darwinian" school, and yet characterized by the spirit of scientific caution.

The author is a colleague, in the faculty of the University of Freiburg, of Professor Weismann, whose investigations in "Heridity" have produced a great controversy concerning inheritance of acquired characters.

The battle among evolutionists rages, and the English reading public has been greatly interested through the share of Spencer, Romaines, et al. in the debate.

We commend "Der Bau des Menschen" to our readers, and call attention to the "Blindarm" (of a large kangaroo), figured on p. 145, where the cecum is without differentiation of processus veriformis; to the "geschwanztes Kind," on p. 25; and to the section on hypertrichosis and pseudohypertrichosis.

BOOKS AND PAMPHLETS RECEIVED.  
OLIVE OIL AS A REMEDY IN THE TREATMENT OF GASTRIC ULCER. By Emanuel J. Senn, M. D. Reprinted from "The Chicago Clinical Review," January, 1894.

THE OPERATIVE TREATMENT OF COMPLETE PROLAPSUS UTERI ET VAGINAE. By George M. Edebohl, A. M., M. D. Reprinted from the "American Journal of Obstetrics," Vol. XXVIII, No. 1, 1893.

THE TECHNIQUE OF TOTAL EXTIRPATION OF THE FIBROMATOUS UTERUS. By George M. Edebohl, A. M., M. D. Reprinted from the "American Journal of Obstetrics."

A NEW SPIGOT ATTACHMENT TO FACILITATE ASEPSIS. By Hunter Robb, M. D., of Baltimore. Reprinted from "Annals of Surgery."

IMPORTANCE TO THE SURGEON OF A BACTERIOLOGICAL TRAINING. By Hunter Robb, M. D. From "The Johns Hopkins Hospital Bulletin," No. 36, December, 1893.

MAINTENANCE OF AN ASEPTIC TECHNIQUE IN GYNECOLOGICAL OPERATIONS OUTSIDE OF HOSPITALS. By Hunter Robb, M. D. From "The Johns Hopkins Hospital Bulletin," No. 35, November, 1893.

A CASE OF RINGWORM OF THE SCALP SIMULATING ALOPECIA AREATA. By Henry H. Whitehouse, M. D. Instructor in Diseases of the Skin, New York Post-Graduate Medical School and Hospital. Reprinted from the "Journal of Cutaneous and Genito-Urinary Diseases" for October, 1893.

## Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

### LUPUS.

Sir: Your having so courteously extended your advice to practitioners, I shall venture on encroaching on your time and ask for information regarding the following:

Case of lupus of nose, right side, involving the ala and presenting a deep cavity; duration of disease, three years.

I have administered arsenic in almost homeopathic doses and continued steadily to date. Local application consisted of a night lotion of hyposulphate of sodium, a morning of nitric acid, grt V to aqua 1 ounce. Object desired, generation of sulphurous acid.

Marked benefit to date. While he experienced no pain or inconvenience from the acid lotion from the outset, it is now unbearable. I am using a lotion of *hydrastis canadensis*, made as an infusion, fresh each day. These cases are not common in the island, and as your experience cannot be as limited as mine I shall be much obliged for advanced information, with the hope that a satisfactory termination may result.

A "special" in lupus and causes will, I am sure, be much appreciated. I have recently obtained a small supply of medicines from the Grouble Company, Philadelphia, also your book. I trust you will not regard it as impertinent if I suggest, in your next edition, the full names be given over particulars of each drug. Many, I presume, are of eclectic or homeopathic reputation, and the names not known to those of the English regular school. Perhaps, to better illustrate my meaning, I may name that of *esculin* (from *esculus hippocastanum*, vernacular—horse chestnut). Such a guide would simplify each.

Thanking you in anticipation.

LOGAN RUSSELL.

(Lupus is at present attributed to the *bacillus tuberculosis*; the disease being, in fact, a tubercular affection of the skin. There are two remedies I would particularly recommend: *Thio-sinunarium* hypodermatically, which has an effect on lupous growths similar to that of Koch's lymph, but more powerful; and formalin, applied locally as strong a

solution as the patient can bear. There are other local applications that are highly recommended, such as kressin, ethylendiamin, etc.; but I would prefer formalin. In one case in my hands it has produced a notable change for the better, but it is not yet ready for publication.

W. F. W.

Editor "Times and Register."—Dear Sir

Your issue of February 3 contains this statement: "At Chillicothe, O., a Catholic lady has become insane through the efforts of a Baptist minister to convert her to his faith. Is this religion?"

The story is on the face of it, to say the least, a very unlikely one, and the "Times and Register" owes it to its own reputation, as well as to the denomination thus represented, to investigate the facts of the case before making such a statement; and if it proves to be true, to give the particulars. There are many persons, myself among the number, who will not be content with the bare statement already given, but who will expect some further explanation, or in default of this will make a personal investigation of the facts.

J. L. H., Moundsville, W. Va.

(The item was condensed from a circumstantial account, giving names, etc., in the "Chicago Inter Ocean." No one but a man with a "chip on his shoulder" could imagine that any slur upon the Baptists was intended. That vast and influential church has fully shown its capacity for keeping up with the advance of modern thought and yet retaining its faith. But in this, as in any other church, there may appear men who rashly undertake to proselytize without first inquiring into their own fitness for such a task.

True Christian modesty should lead one to inquire: "Who am I that I should undertake to pronounce on my neighbor's religion and ask him to desert it for my own?" The many-sidedness of human nature is shown in the multiplicity of beliefs, each of which has devout followers, who live true godly lives and would die for their faith.

Granting that someone comes nearer the central truth than all the rest, it does not follow that one is the best for every human being to live by. The case in question shows how a too zealous proselytizer, with the best intentions, so far misjudged the person on whom he was operating as to bring about insanity, instead of conviction. How is the cause of good to be advanced by turning a good Roman Catholic into a lunatic?

This is assuming the truth of the item, which we have no reason to doubt.)



## Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

### TREATMENT OF GONORRHEA.

I. Humphrey, M. D., Fairbury, Neb., says: The cure of gonorrhea in some cases is no trifling matter, as I long ago learned, not from books, but from experience. Any preparation of mercury, sulphate of zinc, nitrate of silver, acetate of lead, or, in fact, any and all astringents too strong, given in the early stage of gonorrhea, will be very likely to result in stricture or orchitis. It is far better to do nothing than to use such remedies, especially in the early stage. Never use any medicine the first two to four days after the discharge appears. Use only warm water frequently injected with a P. P. vulcanized syringe (use no glass syringe). Use the injection immediately after urinating, so as to avoid carrying the virus further up the canal. Give at the commencement a laxative of any bland cathartic, if necessary, to keep the bowels loose. After three or four days' use of warm water, use instead:

R White Pinus Canadensis (Kennedy's),  
1 ounce.  
Morphia sulph., 15 grains.  
Aqua font., 5 ounces.

M. Sig.: After passing urine to wash out the canal, inject a full P. P. syringe of the medicine, holding it in the penis three to four minutes. Use three times a day.

If more than one bottle is required, fill the bottle each time after the first is gone, just the same, only use two ounces of the Pinus Canadensis; order plenty of nourishment, no intoxicating drinks, avoiding all excesses, and you will have no cases of orchitis or stricture, and last, but not least, make no failures, nor will even need to blister the penis.

—Medical Age.

### TREATMENT OF CHRONIC URETHRITIS.

BY DR. V. WARTRAZEWSKI.

The treatment begins with injections of nitrate of silver solution (0.01-0.02:

120.0) twice a day, until the secretion of the anterior portion of the urethra is stopped or, at least, considerably diminished. The next step is the treatment of the bladder, if such is necessary. It is cleaned every day with a soft catheter, first with warm distilled water (95 degrees F.), which is followed by an injection of 200-300 g. of the solution mentioned. The solution is passed spontaneously by the patient. He soon gets over the irritability of the bladder.

At the same time the patient takes, three times a day, 10 drops of oil of turpentine in milk after the meals. If the bladder is well, V. W. uses a soft catheter in which the one opening is replaced by a number of lateral openings about 1 cm. behind the point. The catheter is united with a syringe containing from 100-150 g. After the air is expelled the catheter is introduced and slowly emptied. The glans is compressed if the posterior parts of the urethra are to be reached more energetically.

Acute cystitis, or epididymitis is rare.

The injections are made daily for two or three weeks, which is generally sufficient. V. W. recommends 6 drops of a ten per cent solution of nitrate of silver to 300 gr. of water, and rises to 10, 15 and even 20 drops. If nitrate of silver is not tolerated he takes tannic acid (15-20 drops of a 25 per cent. solution to 300.0 water, sulphate of zinc (10 drops of a 25 per cent. solution to 300.0 water, gradually increasing the doses), carbolic acid (ten drops of a concentrated solution to 300.0 water, permanganate of potash (10-15 drops of a 25 per cent solution to 300.0 water). This method fails rarely. Slight hypersecretion of the urethra, which occurs sometimes, stops with purely general treatment.

—Memorabilien.

### DANGERS OF TINNED FOODS.

Notwithstanding the repeated warnings to the public by both the medical and lay press with regard to the dangers

which attend the use of tinned foods, cases are constantly occurring in which death may be traced, either directly or indirectly, to the ingestion of articles prepared in this way. On Saturday last Dr. Danford Thomas held an inquiry at the Islington Coroner's Court into the death of a boy who purchased a box of sardines for which he had paid 2½ pence, eating the whole of the contents. The lad died on Wednesday, January 24, from the effects of acute inflammation of the stomach and bowels. Much of the potted stuffs which are sold at a low price is prepared abroad, and after passing through the hands of the wholesale agent in this country is sold to numerous purchasers, who affix various labels upon the tins, and the same goods may be sold to the public under the names of different brands.

—London Lancet.

#### ACUTE ECZEMA OF THE PALM OF THE HAND, PRODUCED BY CARBOLIC DRESSINGS.

Lately several cases of more or less serious symptoms due to the prolonged use of carbolic applications have been published.

The following observations may throw some light on the cause of these symptoms.

A woman, 45 years of age, fell, striking and bruising the palm of the hand. Carbolic applications were ordered, and for a week, owing to some other indisposition, the dressing was left on without change. When removed, a large ulcer, occupying the palm, was found.

The surface was reddened, rough, and discharging a serous fluid; anesthesia was complete throughout the hand. Tepid water dressings, containing soda, were used, followed by the application of oxide of zinc powder, and the carbolic dressing was discontinued.

In a few days healing recurred, with full use of the hand.

—La France Med. E. W. B.

#### QUININE IN MALARIA.

Binz reviews our present knowledge of the curative action of quinine in malaria. From his experiments—about 1867—he concluded that its curative action in this disease was due, not to any es-

sential action, as previously supposed, on the nervous system or on the circulation, but to a direct action on the cause of the disease.

Quinine was far less a poison for the cells of the human body than for the cause of disease. This was probably some slow form of organism, and by removal of which, through the action of quinine, the intermittent crises—swelling of the spleen, the malarious anæmia, etc.—also disappeared.

In 1880 Laveran discovered the amœba of malaria. This was found to be affected by quinine, just as the experiments of Binz had shown that the larger infusoria of vegetable juice were by the same drug.

It is only when ague gets well without quinine that, according to Manna-berg, phagocytosis can be considered as playing any part, for phagocytosis is hindered by the taking of quinine.

The explanation why quinine fails in some forms of ague is that the parasites remain in the blood unaffected by the drug, and even in some such cases, according to Baccelli, the parasites may be affected if the drug be injected directly into a vein, a good result being sometimes possible by this method when administration of the drug by the mouth has failed.

—Centralbl. f. d. Med. Wiss., 1894, No. 2.

#### A RAPID PROCESS FOR THE DETECTION OF SUGAR ALBUMEN IN THE URINE.

Albumen—The filtered urine is heated to boiling, and one-tenth of its volume of nitric acid added by drops. If it remains clear, albumen is not present.

Sugar—Filter the urine; heat it with ten or twenty drops of this solution:

R	Tartate of soda and potass. ....	4
	Solution caustic soda (1-10)	100
	Sub-nitrate bismuth. ....	2

Digest on a water bath until the bismuth is dissolved and filter. If sugar be present a dark brown color is produced. It will detect 0.05 to 0.10 per cent. of sugar.

La Revue Medicale.

## Gynecology.

### FIBROID GROWTHS IN NEGROES.

Doctor E. A. Balloch says three diseases are characteristically frequent in the dark-skinned races, viz.: Elephantiasis Arabum, keloid, and uterine myomata; and that in general terms these are essentially characteristic of an increasing development of fibrous tissue due to proliferation of the cells around the capillaries, these being increased in number and size. In respect to malignant growths the same connective-tissue type predominates, and he lays it down as a pathological law that there is a peculiarity in the dark-skinned races rendering them liable to growths of a fibrous nature in a degree greatly exceeding that observed in the white race.

—Medical News.

### ASPARALINE.

The preparation known as "Asparaline Compound" is a combination of a number of remedies of recognized therapeutic power. There is asparagus, which is a valuable diuretic and sedative; parsley, which is stimulating, anti-periodic, anti-scorbutic and also diuretic; gum guaiacum, which is tonic, alterative, and a great favorite of the late Dr. Dewees in dysmenorrhea; black haw bark, which is anti-spasmodic and anti-abortion; henbane, which is one of our safest and most reliable anodyne and calmative remedies; and such aromatics, which are known to possess warm, stimulating, stomachic effects and of special value in relieving pains or spasms of any kind.

From such a combination it is evident we have here a remedy of especial value in cases of dysmenorrhea, amenorrhea, leucorrhoea and menorrhagia.

The clinical results show that this theoretical combination is all that could be desired in practice.

So far as we know this is the only compound on the market which can be said to be a safe and reliable remedy for the relief and cure of these most obstinate affections. Of course, when organic lesions exist it would be useless to regard such a remedy in any other light than that of giving relief to the suffering. But when such lesions do not exist we can see no reason why this compound will

not prove of the highest value in both the relief and cure of uterine affections, together with all other kindred diseases where the uterine organs are involved.

### AMENORRHEA.

If the amenorrhea results from a defect of secretion; if by reason of uterine inflammation the catamenial flux is too intense, general or topical blood-letting, by leeches on the neck of uterus or on the internal face of the thighs.

If irritable metritis exists, use cataplasms, baths, hot vaginal injections, narcotics, antispasmodics:

Permanganate of potassium, 15 centigr. In pills without sugar or vegetable substance. If the flux is incomplete, provoke it by foot baths with mustard, aromatic vaginal fumigations, infusions of rue or saffron.

If the amenorrhea is the result of defective excretion and tends to uterine inactivity, cold douches to the pelvis and legs; eight days before the flow apply electricity to the uterus (one rheophore to the neck, the other beneath the umbilicus); general frictions.

If the neck is constricted, dilate the orifice (with flattening laminariae); thorough dilatation, excision.

If there is uterine deviation, treat for it.

Scarify neck of the uterus.

If the disease is not ameliorated, application of leeches to the neck of uterus.

After the use of either of these methods, wash with:

	Grams.
R Resorcine .....	3
Distilled water .....	125
—Manuel dre Med. Pract.	

### LIGATURE OF THE BROAD LIGAMENT IN THE TREATMENT OF FIBROID TUMORS OF THE UTERUS.

Dr. H. Martin has recently communicated his experience in the treatment of uterine fibromata by the use of the ligature, in cutting off their nutrient feeders.

Martin's methods is as follows: He carries his ligature up over the broad ligament, by way of the vagina; by which he includes, more or less, of the ligament. Now, drawing on the liga-

ture, the upper margin of the broad ligament is brought lower down in such a manner that at this stage a second ligature can be applied sufficiently high to include the main trunk of the uterine artery.

The process is repeated on the other side in a similar manner.

He has treated five cases of fibroids in this manner.

In the first the patient had a large bleeding tumor, which was growing rapidly. Only one ligament ligatured. After operation, hemorrhage ceased and augmentation in volume arrested, but it has not diminished in size.

Second case—Voluminous fibroid; great pain; hemorrhage abundant and constant; patient unable to leave the bed; double ligature of broad ligament. Immediate disappearance of pain and arrest of hemorrhage.

Third case—Interstitial fibroid; same treatment. Hemorrhage diminished. Volume of tumor same.

Fourth case—Large fibroid. Treatment the same. Six months after operation amelioration considerable. Menses normal and abundant.

Fifth case—In this instance an attempt was made to remove the tumor by a laparotomy; but, owing to extensive adhesion, it was found quite impossible. A month later the arteries in the broad ligament were ligated, when atrophic changes followed in the tumor, and all exhausting bleeding ceased.

—Gazette De Gynecologie, Jan. 15, '94.

#### A DISCUSSION ON HYSTERECTOMY FOR PROLAPSUS UTERI.

This subject has been lately discussed in the surgical societies by MM. Schwartz, Routier, LeDenter, Segoud, Richelot, Reclus and others.

M. Bentley has, on one occasion only, performed a hysterectomy for a prolapsed uterus. In this case he said that it was his intention in the beginning to only amputate the elongated neck and do a colpo-perineorrhaphy, but when this had been accomplished he discovered so little of the fundus remaining that he decided to continue and remove all. In this case recovery was rapid, nothing having been heard of her since she left the hospital.

The speaker believed that in all aggravated cases of prolapse excision of the uterus was to be preferred to other

palliative measures. He had 160 cases of a minor degree of prolapse in which, by cervical amputation and perineal operation, he had succeeded in producing a permanent cure.

Indications for ablation of the uterus were those in which there were neoplastic or pyoplastic formations in the uterus, broad ligament or ovary, which crowded down the uterus; in fact, when prolapsed was but secondary and consecutive to the uterine displacement.

He regarded the pathological changes in the anterior vaginal wall as an important etiological factor when the uterus was anteverted, and it came down through a laxity of structures.

Therefore, in many cases, a simple anterior and posterior colporrhaphy alone, by diminishing the diameter of the vaginal outlet, effected a cure. But in this class it was necessary to always vivify an extensive surface and use the Florentine silk or silver as suture, with a view of keeping the parts well and permanently adjusted until union was complete, and a solid cicatrix was formed.

The author condemned Alexander's operation for treatment of this class of cases.

M. Pozzi stated that he regarded a hysterectomy as an operation which was seldom justified until all other means and simpler measures were faithfully tried. Colpo-perineorrhaphy was the ideal measure for these cases, which, when properly performed, would always succeed, except in very rare and exceptional cases of genital prolapse.

Hysterectomy was not justified in cases where the patient suffered from serious organic disease.

M. Picque declared that in his experience hysterectomy for prolapse, in old women, was very unsatisfactory and was frequently followed by troublesome hernia. His preference was for the Alexander operation.

M. Chaput had seen two cases treated by hysterectomy which were promptly followed by hernia. As prolapse was essentially a vulvar hernia it was an irrational procedure to remove the uterus, as the object to be obtained was to solidly close the vagina.

The dangers of hysterectomy are always great and should not be invoked in any except extreme cases.

M. Depres declared that, as it appeared from the drift of the discussion there was no operation without its failures, we must conclude that there are many cases of uterine prolapse incurable by any method.

The only complication that can ever justify a hysterectomy was when the uterus could not be reduced; something which was rarely seen.

—Revue Therapeutique, February, 1894.

## Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., 2 Commonwealth Ave., Boston.

### INTERSTITIAL KERATITIS.

This disease usually afflicts the young. It sometimes begins at the periphery of the cornea, but oftener in the centre, in the form of irregular, whitish dots. A haze soon spreads over the whole membrane, and blood vessels shoot from the sclera across the corneal margin, often from opposite sides of the cornea toward the centre. Usually the deposit is deep in the corneal substance, but sometimes it is more superficial. Often there is a reddish yellow crescent at the margin of the cornea, on one or two sides. There is more or less pain, a continual flow of tears, and great dread of light. After a time the cornea begins to clear from the periphery, the centre being the last to become transparent.

Its causes are scrofula and inherited syphilis. Some authors go so far as to assert that double interstitial keratitis is always syphilitic. It is easy to make a sweeping statement; but the scientific mind receives nothing without evidence. The writer has seen numbers of cases of double keratitis where syphilis was out of the question.

Atropine eases the dread of light in most cases, and prevents iritis. If the dread of light is intolerable, cocaine in one per cent. solution may be used three times a day. An equal amount of boric acid makes the cocaine keep better.

The disease will run its course in spite of treatment. If the eye gets quiet in three months, the patient is fortunate. Then, the eye may be irritated with the yellow oxide of mercury ointment, and calomel dusted into the eye. But the best appliance is massage, to clear up opacities. It is accomplished by holding the middle and ring fingers together, putting the middle finger above, and the ring finger below the eye, on the nasal side, and gently drawing the fingers outward toward the temple. This manipulation should be performed for ten minutes twice a day. Applications of hot water two or three times a day are also useful.

J. A. T.

### OBLIQUE MIXED ASTIGMATISM.

The books tell us that in mixed astigmatism the two meridians of ametropia are at right angles to each other. If any book mentions an exception to this rule it has not been the privilege of the writer to see it.

But there are cases when the patient sees better if the cylinders are set obliquely before the eye. They may be ground so; but when a convex spherical lens must be added for presbyopia, it cannot be added to oblique cylinders, and the oculist is in difficulty.

Oblique cylinders may be made into a compound, if the practitioner has a practical knowledge of analytical geometry and trigonometry; but most oculists would probably object to giving the time and study necessary to a solution of the problem.

When a compound is worked out mathematically, in these cases, the axis of the cylinder is found to be between the oblique axes. Let this be a minus cylinder, and let a convex spherical lens be placed over it. By altering the strength of the spherical lens and cylinder, the patient being under the influence of a mydriatic, the compound may be fitted in this class of eyes; then when presbyopia sets in, the plus spherical lens may be made stronger, leaving the cylinder as it is.

J. A. T.

### OCULAR HEADACHES.

This subject is being looked into more and more by physicians and patients. Intelligent physicians do not attempt to treat persistent headaches, in these times, without first having the eyes of the patient examined for refractive or muscular errors.

But when ametropia or heterophoria has caused a permanent headache, the difficulty is not always relieved when the disturbing cause is removed. There is left in the brain tissues a lasting result of the prolonged strain, in many cases.



A man came to the writer about two years ago, who kept a store. He said if he arranged the goods in his store for an hour, he would be obliged to go home with a headache. He usually had two or three hard headaches a week.

An examination revealed a trifling amount of ametropia, but he had 18 degrees of esophoria. When he was advised to have complete tenotomies upon both interni, he naturally asked how long it would be before he was relieved; and was told, that he ought to be better within a year.

The tenotomies were performed, and he was a good deal better within three months. The visual axes did not vary from parallelism one-half of a degree after he had recovered from the operations, and that result continues up to the present time; but he has the headaches still, although they are milder than formerly, and they come less often.

Another patient, a lady, was trying to study medicine, but her eyes gave her so much trouble that she thought of abandoning the pursuit. She had been to several oculists, and they had contented themselves by giving her a convex lens of half a diopre for each eye. An examination of the muscles showed that she had 27 degrees of exophoria. Complete tenotomies were performed upon both externi, and she has been perfectly free from eye trouble ever since. Here was a complete cure; the other was only partial, with a hopeful outlook.

The patient suffering from ocular headache can usually connect the trouble with severe use of the eyes, and so make a diagnosis without help. In such a case, the patient cannot see an oculist too soon, for delay may fasten a condition upon his brain that it will take years to eradicate.

There is comfort in knowing that one has removed the cause of the difficulty, and that he will grow better instead of worse. Tonics, and whatever measures tend to build up the general health, will cause the nerve centres to feel less than they would otherwise. Often the habit of pain is relieved if the patient can be made to forget his suffering; so such mixtures as acetanilid, bicarbonate of sodium and caffeine are of great use when a headache is coming on. The writer has succeeded in breaking up the

habit of pain by giving morphine, when other remedies have failed; but it is to be avoided if possible.

J. A. T.

#### DIABETIC RETINITIS.

This disease is usually disposed of by authors with a few lines, probably because it is not so very common; but in all cases of diabetes of long standing it is liable to occur. A case now under treatment by the writer is interesting in several points.

The patient is a German, sixty-five years old, and has had diabetes more than twenty years. He has been to Carlsbad twice, where he says he always improved. Repeated examinations of the urine show a small amount of sugar, but there is no evidence that his tissues are breaking down in that element.

He cannot hear any ordinary sound with the right ear, and it is only when one shouts into his left ear that he can understand what is said to him. The watch, snapping of the nails, etc., cannot be heard at all.

He sees 20-LX with both eyes. But no straight lines appear straight to him. He says he thinks he would make a poor carpenter. If he looks at parallel lines they appear to be drawn together in the centre, and all of them look crooked.

The ophthalmoscope reveals an excessively granular appearance of the retina, showing a proliferation of its pigment cells. These cells undoubtedly push the rods and cones of the retina apart, and so distort the vision. The proliferation is general, as seen by the ophthalmoscope, and his field of vision shows that it is not confined to any particular area of the retina.

Here is evidence that both vision and hearing are slowly being destroyed by diabetes, but, notwithstanding these degenerations, the man is living along in tolerable comfort. He adheres fairly well to the diabetic diet. Salicylate of sodium and antipyrine may decrease the amount of sugar a little, but they do not eradicate it entirely. Apparently he will live as long as he would if he were not afflicted in this way.

J. A. T.

"Phat be that yez are dhrinkin' wid yer whisky?" "Apollinaris." "How dux it taste?" "As if me fut war aslape!"

—Harper's Bazar.

## Miscellany.

### COMMENCEMENT OF THE PHILADELPHIA DENTAL COLLEGE.

The above-named institution completed on the 8th instant a very successful year, graduating 278 students of dentistry.

The occasion was marked by appropriate exercises in the Chestnut Street Opera House, and by a dinner given the students and invited guests by the faculty of the college.

Previous to the collation the Garretsonian Society met, and a farewell address was given by Dr. Garretson, the substance of which dealt with a brief resume of some of the most important topics of his recent philosophical lectures.

The collation was a remarkably enjoyable affair, the menu was unexcelled and entirely devoid of formality, which enhanced the social element of the evening's entertainment.

After-dinner speeches were freely indulged in, some of the speakers being Professor J. E. Garretson, dean of the college, who acted as toast-master; followed by Professor William H. Pancoast, president of the Medico-Chirurgical College; Drs. Stellwagon, Wolfe, Gilford and Stewart, of the college; Dr. F. S. Parsons, editor of "The Times and Register;" Professor Laplace, of the Medico-Chi., and others. Mr. Gilmore sang a beautiful hymn, in which all joined the chorus.

There were numerous ladies among the graduates.

### PRELIMINARY PROGRAMME OF THE SECTION ON SURGERY AND ANATOMY.

At the meeting of the American Medical Association, June, 1894. John B. Roberts, M. D., Philadelphia, Pa., chairman; Lloyd W. McRae, M. D., Atlanta, Ga., secretary.

1. Malignant Growths.—"The Pathology of Malignant Growths," E. Laplace, Philadelphia, Pa.; "A Critique of the Sporozoan Theory of Malignant Neoplasms From a Micro-Technical Standpoint," A. P. Ohlmacher, Chicago, Ill.; "Clinical Recognition of Malignancy in Tumors," C. A. Wheaton, St. Paul, Minn.; Henry W. Coe, Portland, Ore.; "The Necessity of Early Surgical Interference in Malignant Tumors," R. A. McLean, San Francisco, Cal.; "The Value of Caustics in Malignant Growths," John Parmenter, Buffalo, N.

Y.; "The Radical Cure of Malignant Tumors by Operation," J. H. Wythe, Oakland, Cal.; "The Value of Inoculations With Septic or Toxic Agents in the Treatment of Malignant Neoplasms," John A. Wyeth, New York, N. Y.

2. Tubercular Disease of Joints.—"Early Symptoms and Diagnosis of Tubercular Joint Disease," Emmet Rixford, San Francisco, Cal.; A. B. Judson, New York, N. Y.; "Conservative Treatment of Tubercular Joints," R. H. Sayre, New York, N. Y.; Harry M. Sherman, San Francisco, Cal.; James E. Thompson, Galveston, Tex.; "Operative Treatment of Tubercular Joints," Robert W. Lovett, Boston, Mass.; "Treatment of Tubercular Joints by Injections of Iodoform," N. Senn, Chicago; "Treatment of Tubercular Joints by Injections of Corrosive Sublimate," R. H. Plummer, San Francisco, Cal.

3. Hernia.—"The Causation and Prevention of Hernia," James T. Jelks, Hot Springs, Ark.; C. M. Richter, San Francisco, Cal.; "The Management of Reducible Hernia," Emory Laphear, Kansas City, Mo.; C. M. Fenn, San Diego, Cal.; "The Treatment of Irreducible Hernia," James B. Eagleson, Seattle, Washington; "The Treatment of Strangulated Hernia," Joseph Ransohoff, Cincinnati, O.; "The Radical Cure of Hernia," W. E. S. Davis, Birmingham, Ala.; H. O. Marcy, Boston, Mass.

4. Hemorrhoids, Fistule and Fissure.—"The Pathology and Symptomatology of Hemorrhoids, Anal Fistule and Anal Fissure," J. M. Matthews, Louisville, Ky.; David Powell, Marysville, Cal.; "Treatment of Hemorrhoids," H. M. Bishop, Los Angeles, Cal.; Charles B. Kelsey, New York; "Treatment of Anal Fistule," J. McF. Gaston, Atlanta, Ga.; G. B. Somers, San Francisco, Cal.; "Treatment of Anal Fissure," Thomas W. Huntington, Sacramento, Cal.; Lewis H. Adler, Jr., Philadelphia, Pa.

5. Fractures.—"Treatment of Fractures of the Lower End of Humerus," Oscar H. Allis, Philadelphia, Pa.; "Treatment of Fractures of the Lower End of the Radius," P. T. Conner, Cincinnati, O.; C. L. Bower, Philadelphia, Pa.; "Treatment of Fractures of the Neck of the Femur," Bedford Brown, Alexandria, Va.; "Treatment of Gunshot Fractures," George A. Goodfellow, Tucson, Ari.; "Treatment of Fractures of the Shaft of the Femur," Llewellyn Eliot, Washington, D. C.; "Treatment of Open or Compound Fractures," H. H. Mudd, St. Louis, Mo.; John B. Hamilton, Chicago, Ill.

6. Obstruction to Urination in the Male.—"Effects of Obstruction in Urination Upon the Bladder and Kidneys," J. William White, Philadelphia, Pa.; "Diagnosis and Treatment of Enlargement of the Prostate Gland," Hunter

McGuire, Richmond, Va., and William T. Belfield, Chicago, Ill.; "Symptoms and Treatment of Stone in the Bladder," William T. Briggs, Nashville, Tenn.; "Symptoms and Treatment of Tumors of the Bladder," John B. Deaver, Philadelphia, Pa., and C. F. Buckley, San Francisco, Cal.; "Treatment of Stricture of the Urethra," J. Rosenstirn, San Francisco, Cal.

Members who have specimens or patients to exhibit bearing on these topics or who wish to make remarks in the discussion of them are cordially invited to be present during the meetings of the section. The titles of other papers to be presented to the section will be published when the programme of the meeting of the association is issued by the Committee of Arrangements.

JOHN B. ROBERTS,

Chairman Section on Surgery and Anatomy, 1627 Walnut street, Philadelphia, Pa.

#### AMERICAN MEDICAL ASSOCIATION.

The Committee of Arrangements has secured Odd Fellows' Hall building, corner of Market and Seventh streets, for the meeting June 5, 1894.

Assembly Hall, for the general meeting, has a capacity of 1500; the 12 smaller halls, for section work, range in capacity from 500 downward, with committee rooms adjacent.

The engagement carries three of these rooms on Monday for accommodation of organizations, as that of the editors, colleges, etc.

The banquet room, on the ground floor, 65x95 feet, will be devoted to exhibition purposes, for which it is admirably adapted, and has been secured for the entire week that exhibitors may have Monday in which to place their goods, and Saturday in which to remove them. Nearly half of the space is already taken, and others who desire to make a display of their goods under the most auspicious circumstances ever presented on the Pacific coast should lose no time in applying to the chairman for space.

Headquarters for the association have been located at the Palace Hotel, corner of Market and Montgomery streets, only four blocks from the place of meeting. Here we have "Marble Hall," 30x40 feet, as a registration room, where work will begin on Monday, and Parlor A, for committee work.

The following hotels, centrally situated and convenient to the place of meeting, have quoted special rates for members and their families, which will apply during the entire stay of the guests, who should, upon registering, signify that they are in attendance upon the meeting of the association.

The rates quoted are for single persons, the variation depending upon the size, situation and appurtenances of the rooms, as single, en suite, with private bath, etc. Special arrangements will be made for families or parties on timely notice.

Some of the hotels entertain upon the American plan only; some upon the European plan only and some upon either plan, to suit guests.

Palace Hotel (headquarters). American plan (rooms and board), \$3.50 to \$5.50 per day. European plan, (rooms only), \$1.50 to \$3.50 per day.

Baldwin Hotel, American plan, \$3.50 to \$5.00 per day; European plan, \$1.00 to \$3.00.

California Hotel, American plan, \$3.50 and up per day; European plan, \$1.50 and up per day.

Lick House, American plan, \$2.50 and up per day; European plan, \$1.00 and up per day.

Occidental Hotel, American plan (only) \$2.50 and up per day.

Hotel Pleasanton, American plan (only), \$2.50 to \$5.00 per day.

Russ House, American plan, \$2.00 to \$3.50 per day; European plan, 50c. to \$2.00 per day.

Grand Hotel, connected with the Palace by a glass enclosed bridge, across New Montgomery street, European plan (only), \$1 to \$2 per day.

In addition, there are many other hotels, boarding houses, lodging houses and restaurants contiguous to the place of meeting, where one can be made happy and comfortable at less cost.

Post Office Section K is located in the Palace Hotel on the office floor, adjacent to the registration room, where members can receive all mail matters by having it so addressed. More anon,

R. H. PLUMMER, Chairman.

The fourth annual meeting of the Association of Military Surgeons of the United States will be held in Washington, D. C., May 1, 2 and 3, 1894.

This national organization is composed of medical officers of the United States Army, United States Navy, National Guard of the United States and the Hospital Marine Service—in whose service are many of the most celebrated and distinguished surgeons of our country. A brilliant and able literary programme will be presented. The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by the Hospital Corps. The evenings will be given up to social entertainments.

#### AN OINTMENT 3000 YEARS OLD.

Among the Egyptian curiosities contained in the famous museum of the Duke of Northumberland, at Alnwick, is a jar of ointment which is upward of 3000 years old. Notwithstanding this extreme antiquity the ointment retains a powerful smell. This result, obtained as it was in pre-antiseptic days, says a good deal for the thoroughness of the empirical methods in vogue amongst the early Egyptians. How much of the modern therapeutic output in ointments would stand such a test as the above?

Medical Press and Circular.